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Organizations**

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*CENTERS FOR MEDICARE & MEDICAID SERVICES*

**Great Plains**



Quality Innovation Network

# Meaningful Use Final Rule Update


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# Learning Objectives



- **Gain understanding of Modified Stage 2 2015-2017 program requirements**
  - **Prepare for 2015 participation**
  - **Brief overview of Stage 3 requirements**
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# Major Changes from Proposed Rules



- 2015 EHR reporting period is 90 days
  - Aligns EHR reporting period to a calendar year (EH/CAH had been using a FFY)
  - Removed redundant, duplicative & topped out measures
  - Modifies patient action related to patient engagement
  - Modifies public health reporting requirements
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# Participation Timeline



- **2015** – Attest to modified criteria (Modified Stage 2) for 2015-2017 – includes accommodations for Stage 1 providers
  - **2016** – Attest to 2015-2017 Modified Stage 2 criteria – some alternate exclusions still remain in 2016 for Stage 1 providers
  - **2017** – Attest to either 2015-2017 Modified Stage 2 criteria **or** full version of Stage 3
  - **2018** – Attest to full version of Stage 3
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# EHR Reporting Periods

- **2015** – all providers attest to any continuous 90 day period in a calendar year (hospitals would have a 15 month timeframe)
- **2016** – First-time participants – any continuous 90-day period between 1/1/16 – 12/31/16
  - *Returning participants must report a full year*

# EHR Reporting Periods, cont

- **2017** – First-time participants – any continuous 90-day period between 1/1/17 – 12/31/17
  - *Providers attesting to Stage 3 may also use a 90-day reporting period*
  - *Returning participants must use a full year*
- **2018** – First-time **Medicaid** participants may use a 90-day period
  - *All other providers must use full year*


# EP Changes from Stage 1



- **Previous Stage 1 Measures**

- *13 core measures*
- *5 of 9 menu set measures*

- **Modified Stage 2 Objectives**

- ***10 core objectives** (including 1 consolidated public health reporting objective with 3 measure options)*
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# EP Changes from Stage 2



- **Previous Stage 2 Measures**

- *17 core measures including public health*
- *3 of 6 menu set measures*

- **Modified Stage 2 Objectives**

- **10 objectives** (*including 1 consolidated public health reporting objective with 3 measure options*)
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# EH/CAH Changes from Stage 1



- **Previous Stage 1 Measures**

- *11 core measures*
- *5 of 10 menu set measures including 1 public health measure*

- **Modified Stage 2 Objectives**

- ***9 objectives** (including 1 public health reporting objective with 4 measure options)*
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# EH/CAH Changes from Stage 2



## ■ Previous Stage 2 Measures


- *16 core measures including public health objectives*
- *3 of 6 menu set measures*

## ■ Modified Stage 2 Objectives

- **9 objectives** (including 1 consolidated public health reporting objective with 4 measure options)
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# EHR Certification Criteria



- There are no changes to the certification requirements for EHR reporting 2015-2017
  - 2014 CEHRT will be used in 2015-2017 – 2015 CEHRT will be required for EHR reporting in 2018
    - *Providers may upgrade to 2015 CEHRT prior to 2018*
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# Modified Stage 2 Objectives

- 1. Protect Patient Health Information**
2. Clinical Decision Support
- 3. CPOE**
4. Electronic Prescribing (eRx)
- 5. Health Information Exchange**
6. Patient Specific Education
- 7. Medication Reconciliation**
8. Patient Electronic Access (VDT)
- 9. Secure Messaging (*EPs only*)**
10. Public Health & Clinical Data Registry Reporting

# 1. Protect Patient Health Information

## Objective:

Protect electronic health information created or maintained by CEHRT through the implementation of appropriate technical capabilities

## ■ Measure:

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) & 45 CFR 164.306(d)(3), & implement security updates as necessary & correct identified security deficiencies as part of the EP, EH or CAHs risk management process

## 2. Clinical Decision Support

### Objective:

Use CDS to  
improve  
performance on  
high-priority  
health  
conditions

- Measure 1: Implement 5 CDS interventions related to 4 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent 4 clinical quality reporting measures related to an EPs scope of practice or patient population, the CDS interventions must be related to high priority health conditions.
- Measure 2: The EP, EH or CAH has enabled & implemented the function of drug-drug/drug-allergy interaction checks for the entire EHR reporting period
- Exclusion: For Measure 2, any EP who writes less than 100 medication orders during the EHR period

## 2. Clinical Decision Support *Alternate* Objective & Measure

### Objective:

Implement 1 CDS rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule

*For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1*

- Measure: Implement 1 Clinical Decision

### 3. CPOE

**Objective:** Use CPOE for medication, laboratory & radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local & professional guidelines

*\*must satisfy all 3 measures through a combination of meeting thresholds & exclusions (or both)*

- **Measure 1:** More than 60% of medication orders created by the EP or by authorized providers of the EH's or CAH's inpatient or ED (POS 21 or 23) during the EHR reporting period are recorded using CPOE
- **Exclusion:** *Any EP who writes less than 100 medication orders during the EHR reporting period*



### 3. CPOE - *Alternate*

***Alternate Measure 1***  
**For Stage 1 providers**  
**in 2015**

- Measure:  
More than 30% of all unique patients with at least 1 medication in their medication list seen by the EP during the reporting period have at least 1 medication ordered

### 3. CPOE

**Objective:** Use CPOE for medication, laboratory & radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local & professional guidelines

*\*must satisfy all 3 measures through a combination of meeting thresholds & exclusions (or both)*

- **Measure 2**

More than 30% of laboratory orders created by the EP or by authorized providers of the EH's or CAH's inpatient or ED (POS 21 or 23) during the EHR reporting period are recorded using CPOE

- **Exclusion:** Any EP who writes less than 100 laboratory orders during the EHR reporting period

### 3. CPOE - *Alternate*

#### *Alternate Exclusion for Measure 2*

- Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for laboratory orders of the Stage 2 CPOE objective for a reporting period in 2015
- Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for laboratory orders for an EHR reporting period in 2016

### 3. CPOE

**Objective:** Use CPOE for medication, laboratory & radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local & professional guidelines

*\*must satisfy all 3 measures through a combination of meeting thresholds & exclusions (or both)*

- **Measure 3:** More than 30% of radiology orders created by the EP or by authorized providers of the EH's or CAH's inpatient or ED (POS 21 or 23) during the EHR reporting period are recorded using CPOE
- **Exclusion:** Any EP who writes less than 100 radiology orders during the EHR reporting period

### 3. CPOE

#### *Alternate Exclusion*

#### *Alternate Exclusion for Measure 3*

- Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for radiology orders of the Stage 2 CPOE objective for a reporting period in 2015
- Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for radiology orders for an EHR reporting period in 2016

## 4. EP Electronic Prescribing (eRx)

**EP Objective:**  
**Generate & transmit permissible prescriptions electronically**

- **EP Measure:** More than 50% of permissible prescriptions written by the EP are queried for a drug formulary & transmitted electronically using CEHRT
- **Exclusions:** *any EP who:*
  - *Writes less than 100 permissible prescriptions during the reporting period*
  - *Does not have a pharmacy within his/her organization that accept electronic prescriptions within 10 miles of the EP's practice location at the start of the reporting period*

## 4. Electronic Prescribing - *Alternate*

**For Stage 1 providers  
in 2015**

- Measure:  
More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT

## 4. EH/CAH Electronic Prescribing (eRx)

**EH/CAH Objective:**  
**Generate & transmit  
permissible discharge  
prescriptions  
electronically**

- **EH/CAH Measure:**  
**More than 10% of hospital  
discharge medication orders for  
permissible prescriptions (new and  
changed prescriptions) are queried  
for a drug formulary & transmitted  
electronically using CEHRT**



## 5. Health Information Exchange (HIE)

Objective: The EP/EH/CAH who transitions their patient to another setting or provider of care or refers their patient to another provider of care provides a summary care record for each transition or referral

- Measure:

The EP/EH/CAH that transitions or refers their patient to another setting or provider of care must – (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10% of transitions of care & referrals

## 5. HIE Exclusion & Alternate Exclusion

### *Exclusion & Alternate Exclusion*

- **Exclusion:** Any EP who transitions or refers their patient to another setting or provider of care <100 times during the EHR reporting period
- **Alternate Exclusion:** A provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if, for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure

## 6. EP - Patient Specific Education

Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide to patients

- EP Measure: Patient-specific education resources identified by CEHRT are provided to patients for >10% of all unique patients with office visits seen by the EP during the reporting period
- Exclusion: Any EP who has no office visits during the reporting period

## 6. EH-Patient Specific Education

**Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide to patients**

- **EH/CAH Measure:**  
More than 10% of all unique patients admitted to the EH or CAH's inpatient or ED (POS 21 or 23) are provided patient-specific education resources identified by CEHRT

## 6. Patient Specific Education

### *Alternate Exclusion*

### *Alternate Exclusion*

- Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu set measure

## 7. Medication Reconciliation

### Objective:

The EP/EH/CAH who receives a patient from another setting or provider of care or believes an encounter is relevant performs medication reconciliation

### ■ Measure:

The EP/EH/CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the EH/CAH's inpatient or ED (POS 21 or 23)

## 7. Medication Reconciliation - *Exclusion*

### *Exclusion*

- Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu set measure

## 8. EP- Patient Electronic Access

### Objective:

Provide patients with the ability to view, download and transmit their health information within 4 business days of the information being available to the EP

### ■ Measure 1:

More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download and transmit to a 3<sup>rd</sup> party their health information subject to the EP's discretion to withhold certain information



## 8. EP-Patient Electronic Access

### Objective:

Provide patients with the ability to view, download and transmit their health information within 4 business days of the information being available to the EP

- Measure 2: For an EHR reporting period in 2015 and 2016, at least 1 patient seen by the EP during the EHR reporting period (or authorized representative) views, downloads or transmits their health information to a 3<sup>rd</sup> party during the EHR reporting period

For an EHR reporting period in 2017, more than 5% of unique patients seen by the EP during the EHR reporting period (or authorized representative) view, download or transmit health information to a 3<sup>rd</sup> party during the reporting period

Exclusion: Providers may claim an exclusion for measure 2 if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure

## 8. EH/CAH-Patient Electronic Access

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge

- Measure 1:  
More than 50% of all unique patients who are discharged from the inpatient or ED (POS 21 or 23) of an EH/CAH are provided timely access to view, download or transmit to a 3<sup>rd</sup> party their health information

## 8. EH/CAH-Patient Electronic Access

**Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge**

- **Measure 2:**

For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or ED (POS 21 or 23) of an EH/CAH (or authorized representative) views, downloads or transmits their health information to a 3<sup>rd</sup> party during the EHR reporting period

For an EHR reporting period in 2017, more than 5% of unique patients discharged from the inpatient or ED (POS 21 or 23) of an EH/CAH during the EHR reporting period (or authorized representative) view, download or transmit health information to a 3<sup>rd</sup> party during the reporting period

## 9. Secure Messaging (EPs Only)

### Objective:

Use secure  
electronic  
messaging to  
communicate with  
patients on  
relevant health  
information

#### ■ Measure:

For an EHR reporting period in **2015**, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period

For an EHR reporting period in **2016**, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or authorized representative), or in response to a secure message sent by the patient (or authorized representative) during the EHR reporting period

## 9. Secure Messaging (EPs Only)

### *Secure Messaging Continued*

- For an EHR reporting period in **2017**, for >5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or authorized representative), or in response to a secure message sent by the patient (or authorized representative) during the EHR reporting period

## 9. Secure Messaging *Exclusion*

### *Exclusion*

- Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the 1<sup>st</sup> day of the EHR reporting period

## 9. Secure Messaging *Alternate Exclusion*

### *Alternate Exclusion*

- An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure

## 10. Public Health Reporting

### Objective:

The EP/EH/CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice

- EPs must meet 2 of 3 measures
- EH/CAHs must meet 3 of 4 measures\*

*\*unless they are in Stage 1*



# 10. Public Health Reporting

## Immunization Registry Reporting

- Measure 1:

The EP/EH/CAH is in active engagement with a public health agency to submit immunization data

## 10. Public Health Reporting -*Exclusions*

### Immunization Registry Reporting *Exclusions*

- Any EP/EH/CAH meeting 1 or more of the following criteria may be excluded from the immunization registry reporting measure if:
  - *They do not administer any immunizations to any of the populations for which data is collected by it's jurisdiction's immunization registry or information system during the reporting period*
  - *Operates in a jurisdiction for which no immunization registry or information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the reporting period*
  - *Operates in a jurisdiction where no immunization registry or information system has declared readiness to receive immunization data at the beginning of the EHR reporting period*

# 10. Public Health Reporting

## Syndromic Surveillance Reporting

- Measure 2:

The EP/EH/CAH is in active engagement with a public health agency to submit syndromic surveillance data

## 10. Public Health Reporting *EP Exclusions*

### *EP Exclusions* Syndromic Surveillance

- Any EP meeting 1 or more of the following criteria may be excluded from the syndromic surveillance reporting measure if:
  - The EP is not in a category of providers from which ambulatory SS data is collected by their jurisdiction's SS system
  - Operates in a jurisdiction for which no public health agency is capable of receiving electronic SS data from EPs in the specified standards required to meet CEHRT definition at the start of the reporting period
  - Operates in a jurisdiction where no public health agency has declared readiness to receive SS data at the start of the reporting period

## 10. Public Health Reporting *EH Exclusions*

### *EH Exclusions* **Syndromic Surveillance**

- Any EH/CAH meeting 1 or more of the following criteria may be excluded from the SS reporting measure if:
  - They do not have an emergency or urgent care department
  - Operates in a jurisdiction for which no public health agency is capable of receiving electronic SS data from EPs in the specified standards required to meet CEHRT definition at the start of the reporting period
  - Operates in a jurisdiction where no public health agency has declared readiness to receive SS data at the start of the reporting period

# 10. Public Health Reporting

## Specialized Registry Reporting

- Measure 3:  
The EP/EH/CAH is in active engagement to submit data to a specialized registry

## 10. Public Health Reporting *Exclusions*

**EP/EH/CAH**

***Exclusions***

**Specialized Registry**

- Any EP/EH/CAH meeting at least 1 of the following criteria may be excluded from the specialized registry reporting if:
  - They do not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the reporting period
  - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specified standards required to meet CEHRT definition at the start of the reporting period
  - Operates in a jurisdiction where no specialized registry has declared readiness to receive electronic registry transactions at the start of the reporting period

## 10. Public Health Reporting

**Electronic Reportable  
Laboratory Result  
Reporting**  
*(EH/CAH only)*

- Measure 4:  
The EH/CAH is in active engagement with a public health agency to submit electronic reportable laboratory results



## 10. Public Health Reporting – *EH/CAH* *Exclusions*

### *EH/CAH Exclusions*

### Electronic Reportable Laboratory Result Reporting

- Any EH/CAH meeting 1 or more of the following criteria may be excluded from the ERL result reporting if:
  - They do not perform or order laboratory tests that are reportable in their jurisdiction during the reporting period
  - Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet CEHRT definition at the start of the reporting period
  - Operates in a jurisdiction where no public health agency has declared readiness to receive ERL results at the start of the reporting period

## 10. Public Health Reporting *-Alternate*

### EP/EH/CAH *Alternate*

- An EP scheduled to be in Stage 1 in 2015 may meet 1 measure
- An EH/CAH scheduled to be in Stage 1 in 2015 may meet 2 measures


# Prepare for 2015 Participation

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- **Confirm your stage**
- **Check registration information**
  - NPPES login information
  - Make sure email address is correct
  - Make sure payment information is correct
  - Identity and Access Management – make sure surrogate users are up-to-date

# Goals of Stage 3 Provisions



- Provide a flexible, clear framework to simplify the meaningful use program & reduce provider burden
  - Ensure future sustainability of Medicare & Medicaid EHR Incentive Programs
  - Advance the use of health IT to promote health information exchange & improved outcomes for patients
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# CMS Help Desks

## ■ EHR Information Center Help Desk

- (888) 734-6433/TTY (888) 734-6563
- Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (no Federal Holidays)

## ■ NPPES Help Desk

- Visit: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- (800) 465-3203/TTY (800) 523-2326

## ■ PECOS Help Desk

- Visit: <https://pecos.cms.hhs.gov/>
- (866) 484-8049/TTY (866) 523-4759

## ■ Identification & Access Management System Help Desk

- PECOS External User Service Help Desk 1-866-484-8049
- TTY 1-866-523-4759
- Email: [EUSupport@cqi.com](mailto:EUSupport@cqi.com)

# Resources

- [EHR Incentive Program Home](#)
- [2015 Program Requirements Home](#)
- [Educational Resources Home](#)
- [Great Plains QIN \(GPQIN\)](#)
- [GPQIN Prevention Coordination Through MU](#)
- [GPQIN LAN Sign Up Page](#)

# Contact Information

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